



TEXAS DEPARTMENT OF HEALTH
LICENSING AND ENFORCEMENT DIVISION

DRUG DIST

DRUG DISTRIBUTOR LICENSE APPLICATION
(Health and Safety Code, Chapter 431)

Return both the completed application, and fee made payable to
TEXAS DEPARTMENT OF HEALTH, in the envelope provided or mail to:
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711.
You may visit our website at: www.tdh.state.tx.us/bfds

BUDGET: 7B707
FUND: 183
LICENSE # :

If you are a drug manufacturer, or a drug distributor who is also required to be licensed as a device distributor or food wholesaler, contact this office at (512) 719-0246 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____

FEE SCHEDULE FOR IN-STATE DRUG WHOLESALERS

The fee is based on **gross annual sales** for **ALL** drugs wholesaled at the licensed place of business. This includes distribution to a person other than a consumer or patient, including, but not limited to distribution to any person by a manufacturer, repacker, own label distributor, jobber, or wholesaler. This includes medical gas distributors where no transfilling operations occur.

Type of Operation: (Check all that apply)

☐ Jobber/Wholesaler

☐ Prescription Drug Return

☐ Medical Gas Distributor

☐ Agent/Broker

☐ Drug Salvage Distributor

☐ Other _____

GROSS ANNUAL DRUG SALES

FEE

Medical Gas Distributors ONLY establishment	<input type="checkbox"/> \$	0.00 - \$	20,000.00	=	\$ 250.00 for each
	<input type="checkbox"/> \$	0.00 - \$	199,999.99	=	\$ 400.00 for each establishment
	<input type="checkbox"/> \$	200,000.00 - \$	19,999,999.99	=	\$ 650.00 for each establishment
	<input type="checkbox"/> \$	\$20,000,000.00 - \$	or more	=	\$ 850.00 for each establishment

G Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

G Exemption from fee: Wholesale Distributor of Drugs engaged ONLY in the distribution of an over-the-counter drug by a charitable organization, as described in the Internal Revenue Code of 1986, §501(c)(3), to a nonprofit affiliate of the organization to the extent otherwise permitted by law.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE; I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE, NOR AM I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ & UNDERSTOOD CHAPTER 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature _____

Printed Name & Title _____

☐ OWNER

☐ PARTNER

☐ PRESIDENT

☐ CORPORATE DESIGNEE / AGENT

Date _____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of company.

G New - Start Date: _____

G Amended -

G Change of Ownership

G Change of Location

G Change of Name

G Other:

Enter the date the change was/is effective:

Date: _____

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

G Renewal -

Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

G Notice that firm is out of business. Date: _____

Sign and date. Return for deletion from our records.

G Not required to license/permit

Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

(A license cannot be issued for manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence. ****Residence address and driver's license number are required of drug and/or device applicants ONLY.***)

Name & Title

*Residence Address

*Driver's License Number

BILLING INFORMATION:

Billed to: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

- ◆ A separate license/permit is required for each location. All licenses/permits **must** be displayed at the address licensed/ permitted. (Water Vending licenses may be kept at the home office.)
- ◆ The license/permit will be valid for one year from the new, renewal, or change date.
- ◆ The license/permit renewal application and fee are due each year **PRIOR TO** the anniversary date. This office must be advised of any changes of ownership, name, or address 30 days **PRIOR TO** the change, as this will change the anniversary date. **Please note that it is the responsibility of the license/permit holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license/permit will be issued.**
- ◆ For assistance in completing this application, call (512) 719-0246.
- ◆ Please address any correspondence to: Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM

LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information. ***Residence address and driver's license number are required of drug and/or device applicants ONLY.** Attach a separate sheet of paper if needed.

Legal name of company must be identical to the name on your State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. The State Tax number and Outlet number **MUST** be completed before a Retail permit will be issued.

Name

Tax Payer ID # / Charter #

Outlet #

Mailing Address of Licensed Establishment

City and State

Zip

Check One - G Sole Owner / Proprietorship

G Partnership

G Association

G Corporation

G SOLE OWNER / PROPRIETORSHIP - Name, *Residence Address, and *Drivers License Number of the Proprietor

Name

*Residence Address

*Drivers License Number

G PARTNERSHIP - Names, *Residence Addresses, and *Drivers License Numbers of Managing Partners

Name

*Residence Address

*Drivers License Number

Name

*Residence Address

*Drivers License Number

G ASSOCIATION - Names of Principals, *Residence Addresses, and *Drivers License Numbers of Managers

Name

*Residence Address

*Drivers License Number

Name

*Residence Address

*Drivers License Number

G CORPORATION - Provide the Following Information:

Name of Corporation

Date and Place of Incorporation

President's Name

*Residence Address

*Drivers License Number

Officer's Name

*Residence Address

*Drivers License Number

Officer's Name

*Residence Address

*Drivers License Number

Name of Registered Agent

*Residence Address

Telephone Number